

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/21/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUBBARD HILL ESTATES INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>28070 CR 24 ELKHART, IN 46517</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/21/12</p> <p>Facility Number: 001131 Provider Number: 155754 AIM Number: 200823940</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Hubbard Hill Estates Inc. was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This two story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors with hard wired smoke detectors in the resident rooms. The facility has a capacity of 66 and had a census of 65 at the time of this visit.</p> <p>The facility was in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered., except one detached garage used for a maintenance shop.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/27/12.</p>	K 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

IBC121

If continuation sheet 1 of 1